

IPEA/ KR

PCT

DEMAND

10/512126

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:
 The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States(except where otherwise indicates).

For International Preliminary Examining Authority use only		
Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference OF03P067
International application No. PCT/KR03/00882	International filing date(day/month/year) 1 May 2003 (01. 05. 2003)	(earliest)Priority date(day/month/year) 2 May 2002 (02. 05. 2002)
Title of invention COMPOSITION FOR TREATING CANCER CONTAINING N,N-DIMETHYLPHYTOSPHINGOSINE		
Box No. II APPLICANT(S)		
Name and address:(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DOOSAN CORPORATION 18-12, 6th St., Ulchi-ro, Chung-gu, 100-730 Seoul Republic of Korea		Telephone No.: 82-2-725-4774
		Facsimile No.: 82-2-722-0747
		Teleprinter No.:
		Applicant's registration No. with the Office 1-1998-000923-6
State(that is, country)of nationality: KR		State(that is, country)of residence: KR
Name and address:(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CHOI, Jin Hee 1193 Jegi-2-dong, Dongdaemoon-gu, 130-062 Seoul Republic of Korea		
State(that is, country)of nationality: KR		State(that is, country)of residence: KR
Name and address:(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) PARK, Chang Seo 710-401 Joogong-Apartment, Byulyang-dong, 427-040 Gwacheon-city, Gyonggi-do, Republic of Korea		
State(that is, country)of nationality: KR		State(that is, country)of residence: KR
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KIM, Jin Wook
102-306 Hanguk-Apartment,
699 Poongdukcheon-ri, Sooji-eup,
449-846 Yong-in city, Gyonggi-do,
Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

PARK, Chang Yeol
301 Taesung-Apartment,
338-6 Gimryangjang-dong, Seo-gu,
449-020 Yong-in city, Gyonggi-do,
Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HWANG, You-A
401-1 Neungpyong-ri,
Opo-myun,
464-892 Gwangjoo-gun, Gyonggi-do,
Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KIM, Eun Ju
302 Youngjin-Villa,
122-23 Sanggal-ri, Giheung-eup,
449-905 Yong-in city, Gyonggi-do,
Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

☒ Further applicants are indicated on a continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KOH, Ui Chan

1-201, Donghyun-Apartment,

105, Nonhyun-dong, Gangnam-gu,

135-010 Seoul

Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State(that is, country)of nationality:

State(that is, country)of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State(that is, country)of nationality:

State(that is, country)of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State(that is, country)of nationality:

State(that is, country)of residence:



Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority. In addition to the agent(s)/common representative appointed earlier.Name and address: (Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)KIM, Sun-young
Korea Coal Center, 10th Floor, 80-6,
Susong-Dong, Chongro-Ku,
110-727 Seoul
Republic of Korea

Telephone No.: 82-2-725-4774

Facsimile No.: 82-2-722-0747

Teleprinter No.:

Agent's registration No. with the Office
9-1998-000131-1☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☐ as originally filed
☐ as amended under Article 34the claims ☐ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34the drawings ☐ as originally filed
☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International preliminary examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired)

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International preliminary examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☐
- which is the language in which the international application was filed.
-
- ☐
- which is the language of a translation furnished for the purposes of international search.
-
- ☒
- which is the language of publication of the international application.
-
- ☐
- which is the language of a translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

Excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

For International Preliminary
Examining Authority use only

		received	Not received
1. translation of international application	sheets	<input type="checkbox"/>	<input type="checkbox"/>
2. amendments under Article 34	sheets	<input type="checkbox"/>	<input type="checkbox"/>
3. copy(or, where required, translation)of amendment under Article 19	sheets	<input type="checkbox"/>	<input type="checkbox"/>
4. copy(or, where required, translation)of Statement under Article 19	sheets	<input type="checkbox"/>	<input type="checkbox"/>
5. letter	sheets	<input type="checkbox"/>	<input type="checkbox"/>
6. other(specify)	sheets	<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input checked="" type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> nucleotide and or amino acid sequence
listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> other(specify): |
| 4. <input type="checkbox"/> copy of general power of attorney;
reference number, if any: | |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs(if such capacity is not obvious from reading the demand).

KIM, Sun-young



1. Date of actual receipt of DEMA For International Preliminary Examining Authority use only

2. Adjusted date of receipt of demand due
to CORRECTIONS under Rule 60.1(b)

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months
from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been
informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of
Rule 80.5

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in
arrival is EXCUSED pursuant to rule 82

Demand received from IPEA on:

For International Bureau use only

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/KR03/00882	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference OF03P067	Date stamp of the IPEA	
Applicant DOOSAN CORPORATION et al.		
Calculation of prescribed fees		
1. Preliminary examination fee	KRW150,000	P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	KRW 190,000	H
3. Total of prescribed fees Add the amounts entered at P. and H and enter total in the TOTAL box	KRW 340,000 <hr/> TOTAL	
Mode of Payment		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> others(specify):	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____	
<input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.)</i>	Deposit Account No.: _____	
	Date: _____	
	Name: _____	
	Signature: _____	

Power of Attorney

Agent(Common Representative)

Name : KIM Sun-young (Code: 9-1998-000131-1)

Address : Korea Coal Center, 10th Floor, 80-6, Susong-Dong, Chongro-Ku,
Seoul, 110-727, Republic of Korea

I/we, the undersigned, do hereby appoint the above-identified agent(common representative) as my/ our agent/common representative to act for me/us in all proceedings concerning the following.

PCT International Application No. PCT/KR03/00882

Title of Invention : Composition for treating cancer containing
N,N-dimethylphytosphingosine

Applicant Name : DOOSAN CORPORATION
President : Tae Soon Kang



Address : 18-12, 6th St., Ulchi-ro, Chung-gu, Seoul, 100-730, Republic of
Korea

Date : 9, June 2003

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